

*This guarantee is not valid without original signatures.*

FILE NO. \_\_\_\_\_

**Attachment B-1**  
**Guarantee 1**

State Bar of California  
Law Corporation  
180 Howard Street  
San Francisco CA 94105-1639  
(415) 538-2100

**STANDARD LAW CORPORATION GUARANTEE**

The undersigned, being shareholder(s) of

\_\_\_\_\_  
(Set forth complete name of corporation)

hereby guarantee(s) payment by the corporation (and, if our corporation shall have more than one shareholder, this obligation shall be joint and several among the shareholders) of all claims established against it by its clients for errors or omissions arising out of the practice of law by the corporation in an amount not to exceed\$\_\_\_\_\_ for each claim with an aggregate maximum liability not to exceed\$\_\_\_\_\_ per calendar year; provided that any payment required to be made hereunder shall be offset by the amount paid by any insurance company providing errors or omissions insurance for the corporation or any of its shareholders.

DATE EFFECTIVE: \_\_\_\_\_ DATE EXECUTED: \_\_\_\_\_

For new applicants, date effective is the date received in our office.

**SHAREHOLDER(S) SIGNATURE(S)**

*(Please type name under each signature. Signatures must be original.)*

_____	_____
_____	_____
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ATTACH ADDITIONAL SHEETS IF NECESSARY